



Innovation Number: 9

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Title of Innovation:	Direct Access Physical Therapy for Active Duty Soldiers with Acute Musculoskeletal Injuries
Date Submitted:	10/06/2005
Date Project Initiated:	07/28/2004
Background:	In July of 2004 a problem was identified in the US Army Health Clinic-Vicenza concerning the access time to physical therapy for acute musculoskeletal injuries. Retrospective CHCS data determined that the average wait time for a soldier to see physical therapy with an acute injury was 12 days. This was found to be unacceptable. A plan was developed to open up a direct access physical therapy clinic where soldiers of the 173rd Airborne and supporting units could be self referred to PT.
Methods:	A program was set up to allow physical therapist to work along side our primary care providers during sick call hours from M-F 0700-0900. During these sick call hours patients with acute injuries were first screened by a medic. Screening criteria for the medic was developed by the physical therapist. Utilizing these criteria, the medic determined whether or not the patient had a musculoskeletal complaint that was appropriate for the physical therapist to evaluate and treat. If so, they were sent down the hall to see a physical therapist instead of a primary care provider. The physical therapist would then conduct a physical exam and begin physical therapy interventions. Goals of the program: 1. Significantly decrease the access time for acute injuries to physical therapy. 2. Free up time during sick call for the primary care providers to work on other more serious pathology. 3. Improve functional outcomes for soldiers with acute injuries. 4. Improve the return to duty rates.
Results:	Data was collected from July 2004 - April 2005. Return to duty rates, as measured by when the soldier was able to return to full duty with no restrictions, were on average 10 days sooner for those seen in the direct access clinic. Access time for acute injuries was reduced from 12 days to 1 day. During this time period, over 600 patients were seen by the physical therapist during direct access times thus freeing up countless man hours to be utilized by the providers to see other patients.
Conclusions:	Based on these current data it is my recommendation that physical therapists be used in the direct access role throughout most military clinics. In this study, physical therapists acting in a direct access role were able to: 1. improve access times to physical therapy for acute injuries 2. improve return to duty rate as compared to those referred to physical therapy, and 3. provide increased time to primary care providers to see other patients in the clinic.